

VIRGINIA HEALTH REFORM INITIATIVE

ADVISORY COUNCIL

SUMMARY OF DISCUSSION OF AUGUST 21 MEETING ON CAPACITY

Draft Charge to Capacity Task Force

In August, the Advisory Council established the following facts and shared judgments:

1. The shortage projections for all health professionals are daunting, and they were all estimated before the coverage expansions planned for 2014 in PPACA. We simply cannot avoid re-organizing care delivery in the long term. Primary care, mental health, and nursing faculty seem to be in the shortest relative supply, though dentists, general surgeons and emergency physicians are not all that far behind.
2. Shortages are a reality now for many communities, especially in rural areas.

QUESTIONS the AC would like the Task Force to answer for the October meeting:

1. How might team-delivery re-organizations better leverage scarce professionals and improve patient care?
 - a. What are the best examples of this being done in VA now? (MSV/Beth Sparks, safety net medical homes?)
 - b. How effectively/often are team-delivery methods taught in medical/nursing/pharmacy schools today and how might that be changed? (Ask Dixie Tooke-Rawlins, but also leaders of other schools?)
2. How might telemedicine better leverage scarce professionals and improve patient care?
 - a. Dick Hamrick had some experience/examples of this. Who could supply general list? What is scale of telemedicine today?
3. What might Virginia do to help retain more health professional school graduates and residents?
 - a. Residency slots?
4. Does the supply sense of urgency merit wholesale or specific re-examinations of scope of practice limits on various professions in Virginia? Are there other states with treatments that Virginia might learn from?
5. What are the best ways to address the specific problems of rural and other traditionally underserved communities?

6. How do payment rate differentials generally, and inter-governmental competitions, specifically, affect the reality of workforce shortages and what can and should be done about relative payment rates?
7. Do we have the right number of the right kinds of hospital beds and will we in 20 years without specific policy changes?
8. Is it possible that new systems and teams of care delivery will render current shortage projections obsolete?